

TRAINING REQUEST ENROLLMENT FORM

	Today's Date:
Course Title:	
Course Dates:	
Student Name:	
Student Agency:	
Mailing Address:	
City/State:	Zip Code:
Contact Phone:	Fax:
E-Mail Address:	
Training Supervisors Approval:	

Fax, Mail or E-mail Sheryl Allums

this form to: Utah POST

4525 South 2700 West

Salt Lake City, Utah 84114-1775

Fax: 801-965-3886

E-Mail: sallums@utah.gov

Contact Sheryl Allums for complete enrollment information 801-965-4098